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ABSTRACT

Models of parent involvement in the education of severely handicapped children are reviewed, and the assertion is made that most parent involvement programs reflect professional priorities rather than parental viewpoints and needs. Assumptions underlying models in which parents are considered teachers are reviewed, and discrepancies between parents' and teachers' perspectives are noted. Research employing the parent as teacher model is summarized in chart form. The mixed model of parent participation, one which assesses and tries to respond to the family's stated needs, is described, and studies employing it are reviewed. Additional functions of the mixed model are explained to include support groups, individualized home or classroom training, and referral to community resources. The benefits of a third model, parents as parent trainers, are pointed out, and the literature on such a model is described. Program design, funding, and underlying assumptions are considered. (CL)

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Models of Parent Involvement in the Educational Process of Their Severely Handicapped Child: Past Assumptions and Future Directions

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Since the passage of PL 94-142 in 1975, the Education for All Handicapped Act, talk of cooperative relationships between families of severely handicapped children and the schools has become quite popular. Partnerships and coordination are certainly inherent in the spirit of the law, and special educators nationwide can recite with ease the rights of parents mandated by 94-142 and related legislation: the right to due process procedures; the right to inspect and review all educational records, to have records examined, to request amendments to existing records; the right to be present and have an active role in all educational decisions about one's child, the right to approve or request changes in the Individual Education Plan, and so on.

These are hard-earned rights for which groups of parents have lobbied over a period of years (Cain, 1976). Their existence verifies educators' recognition of the integral role parents play in the education of their severely handicapped child. At the same time, the necessity for these statutes implies the existence of past conflict in parent and professional interactions.

The nature and origins of this conflict are well-documented in special education and social psychology literature. Cansler, Martin and Valand (1975) state that parents of handicapped children have also been labeled "handicapped" by professionals in the field. Historically, parents have been characterized as neurotic, overprotective, unrealistic, denying, limited, etc. (Cansler et

al, p. 9). It appears that negative attributes associated with parents of handicapped children are directly related to society's negative attitudes toward the handicapped persons themselves. These attitudes have only recently begun to change.

The entrance of a severely handicapped child into a family unit is certainly a traumatic experience demanding major family readjustments. Professionals have judged this impact to be devastating and lifelong, and have compared its effects to that of learning that one has a terminal illness. Stages of the grief process described by Kübler-Ross (1969) have been generalized for the purpose of depicting parental adjustment to the presence of a handicapped child. Grief, denial, hostility or anger, guilt, shame, withdrawal, ambivalence, depression, and finally, acceptance, have been included in these stage descriptions (e.g. Baum, 1962; Kanner, 1953; Love, 1970).

Parents have been characterized as moving back and forth among stages, and the professionals working with them have often prescribed intensive therapy, counseling, or removal of the handicapped child from the home. Cansler et al (1975) questioned this professional perspective, pointing out that educators and social workers have been too quick to see disturbance in parents, in cases which simply reflect parental and professional disagreement.

Turnbull (1978) is in agreement with this position. She cited professional encouragement of residential placement for the child, as evidence of a negative view of parents. Turnbull pointed out that the implicit message in recommending institutionalization is that the parent lacks the necessary skills or coping abilities to raise his own child (p. 459).

Vincent, Laten, Salisbury, Brown and Baumgart (1980) discussed the current state of the art of family involvement and parent-professional interactions.

Although they did not deny the impact the severely handicapped child has on his/her family, they emphasized that families are "creative units" capable of generating solutions to their problems, often without the direct help of professionals (1980, p. 168).

Parent advocacy groups in the 1950's and 1960's, which stimulated service provision and legislation mandating education for severely handicapped students, are a good example of this fact. These parent groups were the prime catalysts for change during the postwar period, with the formation of nation-wide parent organizations such as the Association for Retarded Citizens. In 1972, the Pennsylvania ARC brought the case against the state of Pennsylvania which resulted in a landmark consent decree mandating "zero rejection" of severely retarded students from the public schools. This case was one of the first examples of judicial intervention into another government branch, and it formed the basis for much of the legislation which followed, culminating in PL 94-142 (Lippman and Goldberg, 1973).

The fact that parents of severely handicapped children have had to assume an adversarial role with professionals in order to gain services for their children, is illustrative of the negative attitudes each group has had about the other. To put this another way, where were the majority of professionals when parents were fighting for the rights of their severely handicapped children? Why didn't the instigation of services for this population originate within the field? It is only within the past decade that special educators have become advocates for these students and their parents. Vincent et al remind us that the parent, not the educator, continues to be the most capable, consistent, and long-term advocate for the severely handicapped individual (1980, p. 165).

As service provision for this population has progressed, mutual trust and positive relationships have begun forming between parents and educators. Three basic models for parent-professional partnerships have emerged. These models, their assumptions, their positive and negative features, will be examined in this paper.

It is my position that most parent involvement programs continue to reflect professional priorities, rather than parental viewpoints and needs. This paper will present a model for proactive parent participation within the educational system.

Models of Parent Involvement

Parent as Teacher

The parent trainer or parent-as-teacher model is the most frequently employed approach to parent involvement with the severely handicapped child. A great deal of experimental evidence has accumulated which demonstrates that parents can improve and enhance their severely handicapped child's performance through systematic instruction in the home (e.g., Baker and Heifetz, 1976; Boyd, 1979; Watson and Bassinger, 1976). The catalyst for the initiation of these home training programs was the recognition, by educators, of the need to teach skills to severely handicapped students across a variety of environments. This stemmed from extensive research conducted during the 1970's, which indicated a lack of skill maintenance and generalization by severely handicapped students, of skills learned in the classroom (cf. Stokes and Baer, 1977).

This research led, in turn, to new coordination between parents and special educators. Several model projects (cf. Baldwin, Fredericks and Brodsky, 1973; Baker and Heifetz, 1976; Watson and Bassinger, 1976; Bates, 1977) were established to demonstrate that parents could be trained to implement instructional programs in the home or community; in order to facilitate transfer of skills acquired in the classroom with teachers, to the actual environments, with family members, where they would be used.

Several of these training programs have employed a format similar to that of Baker and Heifetz (1976) and Watson and Bassinger (1976). Both of these studies utilized training manuals designed specifically for parents, with modules on topics such as: legal educational rights, the writing of objectives, operant behavior management techniques, data collection, and schedules of reinforcement, as well as content areas such as feeding, dressing, toileting (self-care skills), leisure, communication, social and prevocational skills.

Steps in the parent training process in these studies included initial group instruction of parents for a limited number of sessions, to cover basic operant principles and general teaching skills. Group sessions were supplemented by individualized or practicum training at home or in the classroom, where the parent learned to write and implement specific objectives, and task analyses of these objectives for his child. Initial implementation of the teaching program was supervised by the teacher, and the parent was instructed in data collection techniques in order to monitor his child's progress.

In addition, the teachers supervising parents monitored parent progress in acquiring systematic teaching skills. Results of both of these studies indicated that parents acquire and maintain teaching skills when they are involved in an ongoing face-to-face training program with special educators. Baker and Heifitz (1976) found that comparison groups of parents who received either only the manuals, or only manuals and group instruction, were less likely to follow through with the teaching program.

Criticism of this type of program can be made on two related levels. The first is that of the assumptions inherent in the parent-as-teacher model. The second is the question of the representativeness of the samples of parents involved. Both of these topics address the question of the generalizability of the model.

Assumptions. The underlying assumption common to all studies or programs employing this approach is that the parent of the severely handicapped child wants to function similarly to the classroom teacher. While this may be accurate, it is not a data-based statement. It is a statement based on professional priorities, which are not necessarily those of the parent. Lynch (Note 1) criticized the lack of parent needs assessment in current professionally designed parent programs, and Turnbull (1978) reminded us that, "Parents who are wondering where their next meal is coming from are unlikely to be very interested in a

teacher's making a home visit." (p. 459). In the same vein, Turnbull noted that one program of this type used the slogan "Parents are Educable", which in special education jargon is equivalent to having "IQ's roughly between 55 and 70." (1978, p. 459). Although the professionals involved did not consciously intend this association with IQ level, the implication is one of the inferiority of the parent role.

Vincent et al (1980) stated that their work with parents indicated that identified needs do not include learning "how to behave like the classroom teacher, but how to use their home and natural interactions to teach the child" (p. 168). This would require that the teacher of the severely handicapped child become familiar with the home environment and the parents' priorities, in order to assist them in developing activities of mutual benefit to the family and the child.

This brings us to the second assumption of the parent-as-teacher model, that the teacher can and will spend a great deal of time, outside of school hours, working with parents. It should be noted that both of these studies, as well as several others which utilize this (e.g. Boyd, 1979; Bricker and Bricker, 1976; LeBuffe and LeBuffe, 1982; Shearer and Shearer, 1972) were funded by grants or other external sources which provided for additional staff to carry out parent training programs. The typical school arrangement, with no university association, lacks these resources. Unfortunately, it is questionnable to assume that the majority of teachers of primary and secondary severely handicapped students view parent training or home visits as part of their role. In San Francisco, for example, forty percent of the teachers of integrated severely handicapped students currently make home visits to all of their students' homes. (Project REACH Interim Report, Note 2).

The problem of adoption or continuation of model projects by existing staff - after the external change agent has left - is one which is common to all service

related research in this field. It is, nonetheless, a serious consideration.

Additional assumptions of the parent-as-teacher model are closely related to the question of the representativeness of the samples in the studies mentioned above, and will be discussed under this topic.

Representativeness. Levine (1966) has observed that the majority of research examining parental attitudes toward their handicapped child, has been conducted primarily with mothers. One may suspect that this is also true of parent training studies, for a variety of reasons related to work schedules and levels of involvement. Watson and Bassinger (1976) did not provide a breakdown of their total sample into mothers and fathers, and while Baker and Heifetz (1976) noted the inclusion of fathers in their sample of 128 families, they did not indicate what percentage of the parents were fathers. While it may be more realistic to direct parent training programs to mothers of severely handicapped children as the typical primary caregivers, it would be of interest to know whether fathers respond differentially to training than mothers, and whether they are comfortable in a teaching role with their child.

The suspected dearth of fathers in these studies is perhaps the least of their problems in regard to representativeness. Baker and Heifetz' sample from the Boston metropolitan area was a highly educated one, with average years of education being 14.3 for fathers and 13.4 for mothers, and average income equaling $13,800 (1976, p. 358). The authors noted that the lowest socioeconomic class was underrepresented. In addition, 70% of the families had a history of active involvement in parent organizations for handicapped children, and many had held positions of leadership in these organizations. Watson and Bassinger (1976) did not provide descriptive data about the parents involved in their program. Neither study provided data as to the ethnicity of the parent sample, nor any discussion of bilingual or foreign language speaking parents. As the manuals were printed only in English, it may be assumed that all parents involved were

English speaking.

While this last point may appear to be relatively unimportant, it is, in fact, one of major significance in most metropolitan areas. In San Francisco, 23.5% of the parents of severely handicapped students in Project REACH (a federally funded project developing an integrated service delivery model for severely handicapped students in the district) speak little or no English and require an interpreter (REACH, Note 2). The languages represented in this group include Cantonese, Spanish, Vietnamese, Tagalog, Mandarin and Greek. This situation precludes parent-teacher interaction in the absence of a third party with facility in the parents' language, and such an interpreter is provided by the school district solely for individual education plan reviews (annual) or related documents.

The middle class background of the parents participating in Baker and Heifetz' study also brings into question the generalizability of the program's results (1976). This relates to the first assumption of this model, that parents want to be trained to perform similarly to the classroom teacher. Lynch (Note 1) has examined involvement levels and barriers to participation of lower socioeconomic Black, White and Latino parents of special education students. Her data indicated that only 44% of her sample had been actively involved in the Individual Education Plan of their child. White (Caucasian) parents reported the highest levels of participation, Black parents were second, and Latino parents were the least involved (p. 15-20).

Barriers to participation most frequently noted by parents included (in rank order): communication problems, transportation problems, childcare problems, lack of time, lack of understanding of the System, feelings of inferiority, and language or cultural differences (Lynch, Note 1, p. 30). Barriers to parental participation identified by teacher (rank-ordered) were: parents' lack of time and energy, parental apathy, parental lack of understanding and judgment, overly technical aspects of the school, and the school's devaluing of parental

input (p. 36).

The discrepancies between parent and teacher perspectives are clearly apparent in this example. It can be assumed that the teachers are primarily from the middle socioeconomic class, while these parents are representative of the lower socioeconomic classes. In addition, while 66% of the parents were White, 21% Black, and 11% Latino, the corresponding figures for the teachers were 83%, 3%, and 3%. (The totals do not reach 100% because of other groups of small percentages included in each sample, Note 1, pp. 14 and 35.)

These data are presented to illustrate the distance which may exist between the priorities of middle class teachers and those of lower socioeconomic class parents. Although it may be appropriate and of high priority to middle class parents to be involved in a home instruction program with their severely handicapped child, this may not be possible for, or desired by, the parent from a lower socioeconomic class. Other more pressing needs may require attention first.

Related studies. Bricker and Bricker addressed some of these issues in their discussion following the first four years of the Infant, Toddler and Preschool Research Project (1976). More than half of the families involved in this project were from the lower socioeconomic class (income less than $6,000), and one-third were Black or non-white (1976, p. 547). These investigators realized the necessity for flexibility in designing an effective parent training program, stating that "treating parents as a homogenous group, when they vary from having advanced academic degrees to those who spent their childhood in one of the state residential facilities for the mentally retarded, obviously is inappropriate." (p. 553).

During the last two years of the project, in response to the diversity of parent needs, the investigators created a new parent advisory unit with four full-time staff to work directly with the 78 families involved. A major focus of this unit was assisting families with special needs, i.e., help in acquiring

food stamps, obtaining medical, dental and counseling services, etc. Bricker and Bricker did not report any data about whether this additional support positively influenced these parents' participation in the educational program of their child. However, the continuum of options presented to parents to enable them to function in a teaching situation with their child, would seem to indicate that no family was excluded from this process. One available option included group training, parent demonstration sessions, and videotaping of parents working in the classroom. Mothers or fathers were requested to spend at least a half a day at the center each week. When this was impossible, home training was provided by the staff. Additional special services which the project supplied included helping illiterate parents learn to read, and developing a strategy for one family to space its food usage across a one-month period (1976, p. 554).

The assessment and recognition of family needs inherent in this parent training model is unusual. It derives from the fact that this is one of the few studies in the parent-as-teacher literature which included a representative sample of parents across socioeconomic and educational levels, as well as parents from a variety of ethnic backgrounds.

In general, the most effective parent-as-teacher models have been those which, like the Bricker and Bricker project (1976), involved parents of delayed or at-risk infants and pre-schoolers. Using parents as a major component of the service delivery model for this population is a cost effective approach, since, as Bricker and Bricker pointed out, there are many more handicapped infants and toddlers than there are professionally trained staff available for their care (1976, p. 553). Parents can be trained to supplement the services provided by professionals in infant stimulation programs. They may be the most appropriate teacher for a child in the age range from birth through pre-school, as well as being a more powerful reinforcing agent for the child than the professional.

In addition, very young handicapped children generally spend a greater amount

of time at home during the day than do their school aged counterparts. For this reason, the parent may be particularly interested in and open to any suggestions which the professional can provide for designing activities for his or her child at home.

Infant and toddler programs with a strong parent component developed during the 1970's as a result of parent pressure, federal regulations, funding, and new evidence on the abilities of babies (Pines, 1982). Ongoing efforts conducted by Denhoff and Hyman (1976), Hayden and Haring (1976) and Shearer and Shearer (1972), among others, have demonstrated significant growth in children exposed to early intervention through cooperative parent and professional interaction.

An interesting question in need of investigation is whether this high level of parent participation and skills maintains after the child has reached the age where he is eligible for a full day school program. (In San Francisco, this occurs at age three; in some areas, it is at age five.)

An analysis of these and additional studies employing the parent-as-teacher model is provided in Table 1. Although some of these studies utilized portions of a mixed model (to be discussed in the next section of this paper), all operate under the assumptions of the parent-as-teacher model discussed above.

Mixed Model

A major focus of any parent involvement program should be to "maximize the normality" of the severely handicapped child's family unit (Vincent et al, 1980, p. 171). Several proponents of a mixed model of parent participation in their child's educational process emphasized this point (cf. Brewer and Kakalik, 1979; Bricker and Casuso, 1979; Jenkins, Stephens and Sternberg, 1980; Karnes, Zehrback and Teska, 1972). A mixed model is best described as one which assesses and attempts to respond to the family's stated needs, rather than attempting to fit the family into a professionally designed mold. Vincent et al (1980) emphasized that families of severely handicapped individuals have all the needs that normal

TABLE 1. INVESTIGATIONS EMPLOYING THE PARENT-AS-TEACHER MODEL.

INVESTIGATOR	TYPE OF PARENT TRAINING	RESULTS	POSITIVE FEATURES	NEGATIVE FEATURES
Shearer & Shearer 1972	Home teacher provided 1 1/2 hrs. per week to train parent in operant procedures, content areas and data collection.	Pre-school students in sample showed significant progress. Parents able to initiate, record, & observe changes.	Instruction in natural environment. Individualized, allowed parents to acquire new skills. School & home activities coordinated.	Professionals designed program. Need for full-time home teacher. Difficulties scheduling for working parents.
Baldwin, Fredericks & Brodsky 1973	Manual incorporating behavioral techniques & task analyses for content areas. (e.g. self-help)	Not applicable	Can be used at home or with school training.	Length of book (209p.) & reading level Not designed for multiply handicapped.
Baker & Heifetz 1976	Teaching manuals plus group & home instruction, or manuals only. Similar to above in techniques & content.	Face-to-face home training superior to manuals only. No child change data given.	Manuals illustrated; were effective alone for mothers teaching self-care tasks.	Non-representative parent sample. Not individualized except in home segment. Not designed for multiply handicapped. Professionally designed.
Bricker & Bricker 1976	Content areas & behavioral techniques taught through in-class or home instruction. Group & individual format. Additional support provided; characteristics of mixed model.	Student change & parent teaching abilities documented informally. (Subjects were p rents of infants & toddlers.)	Mixed model recognized need for support in other areas; flexible, individualized, assessed parent needs. Lower socioeconomic parents represented.	Cost of model: One parent trainer per approx. 20 families.
Denhoff & Hyman 1976	Group instruction at school. Developmental model.	Narrative on benefits of model. No formal data.	Some individualized counseling provided. Support from other parents in group.	Less individualized attention in group setting. Eliminates working parents. No home observation.
Hayden & Haring 1976	Home training in school objectives. Work in classroom with child; trained to observe, take data. Attendance at staff meetings. Network for parents of newborns.	Narrative on benefits of model. No formal data.	Individual home training prior to child's reaching pre-school age. Parent support to new parents. Parents part of staff.	Working parents unable to be part of classroom program. Home training only for infants & toddlers.
Watson & Bassinger 1976	Textbook, audio-visual and practicuum group & individual training with home visits. Behavioral techniques & content areas.	Two single subject designs presented from pool of parent data, showing positive child change as result of parent skills.	Movies& slides used to supplement training. Individualized, training in natural environment.	No data presented for majority of parents. Textbook & materials only in English. Cost of program $1000. per year per family. No description of parent sample.
Bates 1977	Focus on reinforcing parent skills acquired in group & individualized training at school site.	Use of contingent reinforcement with parents is effective in maintaining their skills.	Techniques & positive contingencies used with parents as well as their children.	Training does not occur at home.
Boyd 1979	Portage Project materials (Shearer & Shearer) used for home training. Additional readings provided.	Individualized home based training is effective for parents.	Individualized, occurs in natural environment. Ongoing monitoring of parent skills.	Parent readings on 7-9th grade reading level (may be too high for many parents.) Professionally designed program, materials only in English.

TABLE 1. (Continued)

INVESTIGATOR	TYPE OF PARENT TRAINING	RESULTS	POSITIVE FEATURES	NEGATIVE FEATURES
Lowell 1979	Simulated home situation at school. Classes & correspondence courses. Cognitive-affective content areas emphasis. Geared to parents of pre-school deaf.	Narrative indicates increase in parent information levels & ability to interact with child in learning situation. No formal data	Courses translated Free to all.	No home training. Limited to parents of deaf students. Scheduling problem for working parents.
Peters & Stephenson 1979	Presentations using audiovisuals & handbook with behavioral methods to stimulate communication with child. Natural interactions emphasized. Group training.	Narrative indicates increase in parent skills & involvement. No formal data.	Teachers, language clinician & parent plan program together.	Eliminates working parent; training all at school. Geared to language disabilities, too general for use with severely handicapped.
Webster, Mack & Somjen 1979	Group training of parent trainer for 1 week, followed by home training of parents to transfer instructional objectives.	Four case studies described showing needs that must be met prior to parent teaching.	Realization & identification of parent needs as program progressed. Individualized, home-based .	Original program designed without parent input. No needs assessment.
Filler & Kasari 1981	Home training for parents of 2 severely multiply handicapped infants using 'direct instruction model' with task analyses written out for parent behaviors.	Mothers learned procedure quickly. Children learned & maintained responses & generalized to school. Single subject designs.	Task analytic approach worked well with parents; could be individualized for others. Program cost effective if future TAs can be used by parent w/o trainer.	Cost of home trainer. Professionally designed, no parent input about skills to be worked on.
Le Buffe & Le Buffe 1982	Group & individual sessions with parents in several environments. Instruction in techniques, content curriculum areas. Takes place on "learning vacation" provided for whole families away from home for 6-14 days.	Narrative indicates parents acquired skills & new understanding of child. Parent-professional interactions positively influenced.	Opportunity for intensive training Childcare on site. Interaction with other families. Social support as well. No distractions.	Cost of program. Parents must be able to take off from work; high expectation for parents & staff. No information as to whether skills maintain.

families have, as well as unique needs due to the presence of the severely handicapped child (p. 171).

Two areas of need unique to these families which are consistently referred to by researchers and practitioners in the field, are 1) the need to identify community resources such as medical, social service, educational, recreational, respite care, and the like, and 2) the need to acquire information about, and understanding of, the local system of delivery for the above in order to gain access to these resources.

Brewer and Kakalik, in their evaluation of services for handicapped youth for the Rand Corporation (1979), noted the inequitable differentials in service which result from a lack of information among many parents of handicapped children (p. 213). These authors pointed out that our society continues to operate on the erroneous assumption "...that the parents of handicapped children, like any other consumers, have unrestricted choices about the services they obtain... in fact, most parents have neither the resources, nor the information, on which to base choices." (p. 211).

The initial contact for most parents desiring more information about resources for their child is commonly the family physician, who may not have adequate knowledge of services outside the medical realm, and who has been traditionally perceived by parents as insensitive to their concerns (cf. Gueschel and Murphy, 1976).

A recent study which analyzed state mental retardation agencies' responses to parent requests for service information found that fewer than half adequately answered the parents' question, and response time ranged from three to sixty-three days (Fletcher, 1982).

Unless a family is already connected with a social service system at the time of their child's identification as handicapped (or at the time when their suspicions of handicap first arise), the process of acquiring information both

about the handicapping condition and the availability of appropriate services, may be a long and arduous one. There appears to be minimal improvement in this state of affairs over the past decade.

Information provision is the first priority of a mixed model of parent participation in the severely handicapped child's program. As mentioned in the previous section, Lynch (Note 1) found that lack of understanding of the educational system was a major barrier to parent participation (p. 30). The educational system must first of all provide parents with the information required to understand the system. Parent knowledge levels should be assessed, and a format developed for delivery of information to all parents of special education students within the system. This delivery should include more than information on parent rights, which is currently included in the Individual Education Plan process. It should also include the district's organizational hierarchy, job descriptions, procedures for decision-making and handling complaints, and names and phone numbers of key personnel. A description of the continuum of services provided by the district should be included as well.

Delivery of such information remains a difficult, but not impossible, task--even in a large district. A parent handbook can be developed jointly by staff and parent advisory councils. After translation into the major languages of the district, the local schools' PTA's or other parent groups can host meetings to explain further the components of the handbook and the educational system. Such a process is presently underway in San Francisco, a city with 5,000 special education students, and a total student population of 59,000 (REACH, Note 2).

As several studies have noted, this is hardly the total solution to raising parent knowledge level and increasing involvement in their child's education. Information delivered in the manner described is unlikely to reach the major proportion of parents in need. A parent handbook is merely a first step, on the system level, of demonstrating a commitment to parent participation.

Bricker and Casuso's program (1979), an extension of Bricker and Bricker's earlier model (1976), is a good illustration of a mixed model of parent involvement, which originates with family needs assessment. Although this technique may appear at once logical and patently obvious, it is uncommon in the parent involvement literature, as can be seen in Table 1.

The field of special education for the severely handicapped student operates on the principle that individualization is a necessity. Recently, a term to describe new strategies for assessing the varied needs of students within this heterogeneous population evolved, that of ecological inventory (Falvey, Brown, Lyon, Baumgart and Schroeder, 1980). This method refers to procedures used to acquire vital information about the current and possible future environments in which a severely handicapped student needs to be able to function, and the skills he will need to acquire in order to function in those environments. Family participation is integral to this ecological inventory process. In addition, a similar process is required to identify the priorities and needs of the family itself.

As a first step of their program, Bricker and Casuso (1979) developed strategies for assessing parents' current level of information. This took place prior to any expectation that parents would become change agents for, or trainers of, their child. Following this assessment, parents were supplied with necessary information through a variety of formats: written material, classes, visits to agencies accompanied by program staff, observations of programs, audio-visual presentations, and individual counseling. This level of the program could be described as staff advocacy for the parent, and aided in establishing relationships of mutual trust, a necessary prerequisite to future coordination.

Bricker and Casuso did not report formal data as to the level of participation which followed the needs assessment and information stage of their program. Unfortunately, this is the case with much of the parent involvement literature, where there is a significant lack of studies employing comparison or control

groups of parents receiving alternative or traditional modes of service.

Before proceeding to further examples of a mixed model of parent participation, the several possible components of such a model require delineation. First, as we have seen, is the requirement of parent needs assessment or inventory, followed by information provision adapted to the specific needs of the family. Other options included in the mixed model would be: parent to parent support groups, continuous group training and advocacy in areas of legislation and acquisition of services, individualized home or classroom training for parent-directed teaching programs with their severely handicapped child, and referral to appropriate resources outside the realm of the educational system.

Several of these components of functions necessarily overlap, and all contain the common denominator of information provision and sharing. Without this component, parents can neither obtain nor evaluate services for their child.

Karnes et al (1972) reported a case study of a family's increased involvement and satisfaction with a school program following their participation in a parent program employing a mixed approach. The phases they described--acquaint, support, teach, expand and maintain--were all part of a program designed to increase parental acceptance of, and involvement with, their four year old multiply handicapped son. Karnes et al pointed out several assumptions of this type of model, perhaps the most important of which is that parents are easiest to involve when their goals and values are congruent with those of the school; and that they will require less support from the school as they acquire more effective knowledge and skills (1972, p. 150-151). These assumptions proved accurate in their case study.

Ray (1976) described a program of parent involvement whose goal was to facilitate the deinstitutionalization, and return to the family, of severely handicapped residents. The program, which included group meetings, parent training in teaching skills, and increasing levels of contact with the child, was designed according to

parent objectives for the child's behavior at home. Two case studies of successful interventions and return of the child to the family were presented.

Vincent, Dodd and Henner (1978) described a model for implementation of parent involvement which included referral to services, staff development of resource directories, group meetings and topical presentations, and ongoing formative evaluation of services by parents. Their article is primarily prescriptive; no data were presented as to the success of the approach.

As these articles indicate, research involving a mixed model of parent participation is minimal, and what little exists is subject to criticism as it consists primarily of case studies or general descriptive information. As was the case with the parent-as-teacher model, certain assumptions have been made without an adequate data base to support them. The mixed model can be criticized both for its lack of supporting data and for the potential cost of the model as a result of its dependency on professional availability, or staff resources.

Assumptions. Karnes (1972) pointed out that the mixed model assumes that parents will be more interested in participating in their child's educational process when their goals and values are aligned with those of the school. There are less problems with this assumption than with those employed by the parent-as-teacher model, since here, at least, some effort was made to determine the nature of parent goals and concerns. Karnes (1972), Bricker and Casuso (1979), and Ray (1976) all employed some type of parental needs assessment.

A second assumption of the mixed model is that parents have needs which have not been met by programs utilizing a parent-as-teacher approach, or which require attention prior to their participation in a training program with their child. Both Lynch's data (Note 1) and Bricker and Casuso's reports (1979) seem to support this assumption, although more data are needed.

Lack of evaluation data. Vincent et al (1978) and Vincent et al (1980) emphasized that the initial plan for any parent involvement program should include

guidelines for formative parent assessment of the program. They suggested that goals, timelines, conditions and criteria be written with parents, whether the assessment is to be on an individual or a group basis. They also proposed that, in addition to regular informal assessment, yearly formal assessment of parent satisfaction and level of participation should occur. Questionnaires jointly developed by parents and professionals were one method suggested for this purpose.

These authors did not suggest summative evaluation of parent programs which would involve control or comparison parent groups, probably because of the ethical and practical difficulties inherent in excluding some parents from participation in the program. However, this need not be the case, as ideographic (single subject) designs could be employed, where each subject serves as his own control (cf. Herson and Barlow, 1976). After collection of baseline data and initiation of the intervention, parent participation could be measured across specific dimensions (e.g., attendance at meetings, objectives contributed to the educational plan, number of programs worked on with child at home) using a multiple baseline design.

Alternatively, parents in a school program could be assigned to two different groups, both of which would receive the total parent program, but each of which would participate in different initial components. The effect of each component could then be compared and contrasted using dependent variables similar to those mentioned above.

Heck (Note 3) has discussed the need for evaluating the implementation process of parent education programs, as well as the learner outcomes. She cites the necessity for this type of program evaluation in order to determine whether the treatment, or independent variable, is being implemented in the manner in which it was designed. This type of validity data would be extremely helpful to our overall knowledge of the effectiveness of specific parent involvement models.

Potential cost and staff dependency. As noted earlier, the mixed model, like the parent-as-teacher model, is dependent on the availability of professional support for its success and continuation. For example, in the program described by Bricker and Casuso (1979), each new parent required needs assessment, support, referral, etc. from the staff. While it is expected that parents require less support as they gain access to knowledge and services, the entry level of new participants to the model remains the same and, therefore, the same level of staff involvement is required. Few programs can afford to retain a staff ratio of one parent facilitator (or social worker, etc.) to each 20 parents, as was the case with the Bricker and Casuso study (1979). The demands on teacher time in current programs for severely handicapped students have been mentioned earlier. In addition, as noted by Brewer and Kakalik (1979), the fragmentation or lack of integrated services in most communities usually means that the average classroom teacher will not be aware of available services outside the educational realm (p. 213).

This implies that an effective and comprehensive parent program is, at best, unrealistic. In fact, this is probably the reason for the dearth of such programs and available research about their effectiveness. However, a comprehensive model of parent involvement is possible with one alteration: training parents as facilitators and as "turnkey trainers" of other parents (Hall, Grinstead, Collier and Hall, 1980). This is a proactive--as opposed to reactive--model for parent involvement, and its advantages reach beyond cost effectiveness issues.

Parents as Parent Trainers

The positive features of this model are immediately evident: parents are less threatened by other parents than they may be by professionals; parents who have "been there" will have a better understanding of the total needs of a family than will the professional; parents who have learned how to use the system may be more appropriate and skilled as advocates than the professional who is part of the system, and so on.

Two recent examples in the literature documented the success of programs utilizing parents to train parents. Hall et al (1980) reached 1500 parents in six years, through voluntary participation of parents training others in behavior management programs for their children at home. A small group format was employed initially to train key parents, who then trained others in large and small groups over a period of 10 weekly sessions of two hours each. The program was geared to techniques of behavior analysis, including observation, pinpointing of behaviors, systematic reinforcement and measurement. Reversal designs carried out by parents with their children provided strong evidence of program effectiveness.

This is an example of the parent-as-teacher model using a parent training strategy. Negative features of the study included the fact that it was limited to the parent-as-teacher model, required a high level of reading proficiency, and involved only middle and upper middle class parents.

Jenkins, Stephens and Sternberg (1980) implemented a parent-as-parent trainer model as part of a federally funded program in Dallas, Texas. This program was distinctive for its emphasis on provision of parent support by other parents. Two key personnel roles were outlined, that of the Parent Training Coordinator, who supervised the training, and the Parent Trainer, who provided direct service to parents. Several of the latter were selected based on criteria such as ethnic match with the parent population to be served, leadership capabilities, and having a school aged handicapped child. Direct and indirect services provided by the trainers included all of the components of the mixed model, as well as home visits to help the parent structure programs and objectives of his or her child.

Results indicated both an increase in numbers of parents receiving direct service, and an increase in parent satisfaction. The authors suggested that P.L. 94-142 monies might be available to finance this type of program, since P.L. 94-142 mandates inservice education for parents. Again, as this was a program initiated by an external change agent, no information is available as to

whether the school district was able to locate funds for its continuation.

A negative feature of the study by Jenkins et al (1980) is that it was not a generative parent training model. The original parent trainers, who received compensation, continued to be the only trainers within the structure. In order to fully realize the benefits of such a model, it is necessary that newly trained parents become advocates for, and trainers of, other parents. In this way the longevity of the program is insured, and a greater number of parents can be reached.

Designing a trainer or trainers program. Several possible mechanisms exist through which a parent as trainer model can be initiated. Three possibilities are the local school district's Community Advisory Council for Special Education (a parent group), the PTA, and the state's special education resource network. Resource networks are generally mandated to provide both staff development and parent development or "inservice training" within local school districts.

Additional resources outside the school district might include the local Association for Retarded Citizens, the Developmental Disabilities Council, or a nearby university with a teacher training preservice requirement of involvement with parents of handicapped children.

Although this model would require an investment of staff time for initial training, coordination, and subsequent monitoring in conjunction with parents, the investment required to reach all parents of severely handicapped students in a district would be minimal in comparison to that required by either of the previous models.

Trainers should include parents recruited from the various neighborhoods of the school district, thus diminishing travel time, and also insuring better representation across ethnic groups. Bilingual parent trainers would be necessary for areas with a large proportion of foreign language speaking parents, or recent immigrants.

Training of the parent trainers could be conducted in a series of small group sessions during evenings, weekends, or in the daytime, depending on parents' work schedules. Parents may be interested in holding these meetings in their homes on a rotating basis. Following the initial training program, bimonthly or monthly meetings would be scheduled to discuss problems and share experiences. The facilitator or coordinator for the program could be either a teacher, administrator, psychologist, social worker, university professor or agency caseworker.

Parent trainers of trainers would be responsible for the initial needs assessments of the families to whom they are assigned. When similar needs for information are identified across several parents, topical presentations and workshops would be organized by the trainer and offered to groups of parents. Those who are interested in more individualized services, such as training in systematic instruction for their child at home, or advocacy in acquiring services, would contract with the parent trainer to provide future training for another parent, once their own initial needs have been met. In this way the model generates new parent resources, allows parents to practice their skills, and connects parents with others of similar interests. Too often, the centralized nature of services to severely handicapped students has prohibited this interaction among their parents.

Ideally, parent trainers would be matched with parents whose children fall within a similar age range and functioning level, to insure consonance of priorities and needs. Formative, ongoing evaluation of parent satisfaction and level of participation would be combined with single subject designs with a sample of the parents involved. Both of these evaluation activities would be designed by parents in conjunction with the program's coordinator-facilitator.

To my knowledge, no model of this type exists in the Bay Area, or elsewhere. The impracticality of recruiting unpaid parent volunteers for a "turnkey" training program may appear to outweigh its advantages. However, what may seem impractical on the surface would simply be the application of an organizational

structure to several activities which already exist, or which could be extended to include parent training of other parents.

For example, Latino parents of handicapped children in San Francisco have formed their own parent group, the Coalision de los Padres, which meets on weekends and provides parent-to-parent support and advocacy. Many parents in the city devote long hours, without financial remuneration, to groups such as the district's Community Advisory Council for Special Education, the Area Board for Developmental Disabilities, or the Association for Retarded Citizens. The use of existing groups such as these to initiate the trainer of trainers model could be a most effective approach.

Given current budget constraints and fragmentations of services, a model which recruits parents to advocate for, train, support and, in turn, recruit other parents, is the only model which will insure long term parent investment in both the educational process and the future of their severely handicapped children.

Potential funding sources for a trainer of trainers model do exist. One example is the research grants program of the United States Department of Education, Office of Special Education and Rehabilitative Services. In June 1982, 1983 grant announcements (CFDA84.023) included a request for proposals dealing with studies of parent involvement in: placement decisions, development of individualized education plans, disputes with school districts and methods of settlement; as well as research on parents as volunteers and on parent training procedures. The department expects to fund 10 one year grants of approximately $50,000 each. A trainer of trainers model, which could continue after the funding period, could be an attractive proposal to the Office of Special Education and Rehabilitative Services.

Private sources of funding may also be available. Agencies such as the Association for Retarded Citizens have a long history of successful solicitation

from private foundations and corporations, and would be an excellent resource for persons less familiar with these potential funding sources.

Assumptions. The primary assumption of the trainer of trainers parent model is that parents are interested in sharing their experience and skills with other parents of severely handicapped children. The voluntary participation of large numbers of parents in some of the organizations discussed above would seem to support this assumption. However, research is required which would demonstrate that an organizational structure can supply parents with the skills and information needed to initiate and sustain such a program, while showing that parents previously uninvolved, or demonstrating low levels of participation, would become more active.

Research design. Evaluation of the effectiveness of a trainer of trainers model would be similar to the approaches recommended under the mixed model discussions. Goals, timelines, conditions and criteria would be written by parents directly involved with the program. These could be used for ongoing formative evaluation.

More experimental designs could be employed concurrently. One alternative is the use of single subject methodology (cf. Herson and Barlow, 1976). Baseline data would be collected on several dimensions of parent participation, e.g. objectives contributed to the child's previous individual education plan, number of parent conferences attended during the year, number of programs worked on at home with child, number of classroom observations made during the school year, etc. Following the initiation of the trainer of trainers program, measurement of these dependent variables would continue within a multiple baseline design, across participating parents, each of whom would serve as his or her own control.

Alternatively, a group design might be feasible if a comparison group of parents can be identified who are participants in another program, for instance, one which employs a staff-directed mixed model. The dependent variables discussed

above could be used to compare the effectiveness of each approach. Cost factors could be compared as well.

These types of data are needed to assess and compare the overall effectiveness of each of the parent models reviewed here. With this information on hand, professionals and parents will be better able to work cooperatively toward the goals each has for the severely handicapped children in their care.

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